

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/220986

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		3rd AMENDMENT		4th AMENDMENT	
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TOTAL IND.									
TOTAL DER.									
TOTAL CLAIMS									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS